

PRACTICE REVIEW PILOT RESEARCH REPORT - FEBRUARY 2016

Executive Summary

1. Introduction

The *Health Professions Act* (HPA) mandates the College of Physicians & Surgeons of Alberta (CPSA) to regularly review physician practice as part of the CPSA's Continuing Competence Program. To date, the main tool for the task has been the Physician Achievement Review (PAR) program. Recent feedback indicates that a different process may be of more value and relevance to members.

In response, CPSA Council called for a pilot project to examine the tools and approach to improve the value of feedback for all members with an element of group practice review and support. The project will focus first on Family Physicians.

Focusing on promoting excellence and adhering to the Competence Committee's Design Principles, the primary aim of this pilot project and subsequent program redesign is *not* to weed out those physicians who are not meeting general competencies and Standards of Practice; but rather to provide meaningful feedback that will inspire physicians to reflect and embrace new ideas and resources to help meet Standards of Practice and provide excellent medical practice to their patients.

2. Methods

The first phase of this research employed mixed-methods to collect data:

- **Survey #1** – requesting general feedback - was sent to all physician-members across Alberta in July 2015.
- **"Survey #2"** – ranking specific quality indicators – followed in October, sent to over 400 physician volunteers from Survey #1.
- Eight **Focus Groups** were held in-person from October - December 2015 with more than 59 physicians participating in Edmonton, Calgary, Lethbridge, Red Deer, Grand Prairie and Medicine Hat.
- **Stakeholder Consultations** (with Primary Care Networks, Health Quality Council of Alberta, Alberta Medical Association, academic faculty and others) commenced in Summer 2015 and continue into 2016, engaging key partner organizations and communities.

3. Results

For Survey #1, response by our members (25%) set a record for the College, exceeding our 15% response rate target by 10%. More than 75% of members support change and improvement and over 400 volunteers self-identified for future engagement. 2,215 of 9,021 registered physicians responded to Survey #1, clearly indicating that the current review program (PAR) needs some work.

For "Survey #2", 166 of 402 volunteer physicians responded (41%), with 116 respondents completing Survey #2 in full, ranking the value of a list of pre-determined physician quality indicators (e.g. having an updated patient panel; prescribing information). For more information on the quality indicators, visit the [Summary Report](#) .

Focus group participants acknowledged and confirmed that quality indicators for physician practice are comprised of both measurable (quantitative) and non-measurable (qualitative) attributes, and such attributes are not limited to the demonstration of clinical knowledge. Feedback has been streamlined into twenty-one

unique themes. For more information on these themes, visit the [Summary Report](#).

Stakeholders overall welcome a redesign in physician assessment. The emphasis on useful, timely and appropriate feedback, inclusion of quality and process improvement as well as self-reflection was highly endorsed. Stakeholders welcome ongoing communication as the pilot project evolves; and are interested in being updated and in providing further feedback.

4. Conclusions

The CPSA is confident that the number and mix of respondents to all methods fairly represents the views and ideas of our physician-membership, and confirms the profession's desire for program redesign and improvement.

Physicians identified:

- The benefits of being assessed as individuals and within group practice;
- The importance of coordinating other quality improvement activities, ensuring no duplication; and
- The value of collaborating and communicating with other partners and stakeholders.

5. Next steps

- The Pilot Development Team will provide feedback on results and reporting to Physician Achievement Review Committee (PAR-C) through Spring 2016.
- Final results will be incorporated into program tool development over Summer 2016.
- Program tools, approaches and resources will be piloted with a small number of clinics in 2016.
- Staged implementation in 2017.